

PRINTED: 04/10/2014  
FORM APPROVED

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN4712	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  04/07/2014
NAME OF PROVIDER OR SUPPLIER  SERENE MANOR MEDICAL CTR.		STREET ADDRESS, CITY, STATE, ZIP CODE 970 WRAY ST KNOXVILLE, TN 37917		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain safety equipment in such a manner that the safety and well-being of the residents are assured. The finding includes: Observation on April 7, 2014 at 5:20 a.m. and interview with the maintenance director on April 7, 2014 at 6:40 a.m., confirmed the spot type smoke detector in room 100 was chirping in a manner that indicates a low battery. This finding was verified by the maintenance director and acknowledged by the facility administrator during the exit conference on April 7, 2014.</p>	N 831	N831 The battery has been replaced in the spot smoke detector located in room 100.	5-25-14

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE